Indiana State Department of Health

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
	IN005330		1		07/02/201	2		
ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STAT	ΓΕ, ZIP CODE	01702/201			
SCHNECK MEDICAL CENTED HOME HEALTH CADE			11 W TIPTON ST					
			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ULD BE COM	(X5) MPLETE DATE		
Initial Comments			N 000					
This was an offsite licensure investigation survey.								
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During this offsite investigation, the agency was found to be operating without a current Indiana Home Health license.								
N 434 410 IAC 17-11-3 Renewal of home health licensure  Rule 11 Sec. 3 An application for renewal of license shall be filed with the department at least sixty (60) days prior, but not sooner than ninety (90) days before, the expiration date of the current license.			N 434					
This RULE is not met as evidenced by: Based on document review and interview, the home health agency failed to ensure the renewal application for licensure was filed at least 60 days prior to the expiration of the Indiana home health license.								
Findings include:								
Health dated 2/29/12	, stated, "Dear							
	SUMMARY ST (EACH DEFICIENCE REGULATORY OR  Initial Comments  This was an offsite lie Survey Date: 7/2/12  Facility Number: INIT CCN: 15  Medicaid Number; Surveyor: Ke During this offsite inv found to be operating Home Health license  410 IAC 17-11-3 Rer licensure  Rule 11 Sec. 3 An a license shall be filed sixty (60) days prior, (90) days before, the current license.  This RULE is not me Based on document home health agency application for licens prior to the expiration license.  Findings include:  1. A letter from India Health dated 2/29/12	ROVIDER OR SUPPLIER  (MEDICAL CENTER HOME HEALTH CARE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FREGULATORY OR LSC IDENTIFYING INFORMATI  Initial Comments  This was an offsite licensure investigation states and offsite licensure investigation states.  Survey Date: 7/2/12  Facility Number: IN005330  CCN: 157155  Medicaid Number; 100264320A  Surveyor: Kelly Hemmelgarn RN  During this offsite investigation, the agency found to be operating without a current India Home Health license.  410 IAC 17-11-3 Renewal of home health licensure  Rule 11 Sec. 3 An application for renewal of license shall be filed with the department at sixty (60) days prior, but not sooner than nin (90) days before, the expiration date of the current license.  This RULE is not met as evidenced by: Based on document review and interview, the home health agency failed to ensure the rene application for licensure was filed at least 60 prior to the expiration of the Indiana home in license.  Findings include:  1. A letter from Indiana State Department of Health dated 2/29/12, stated, "Dear [administrator's name]: Our records indicate i	ROVIDER OR SUPPLIER  MEDICAL CENTER HOME HEALTH CARE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  This was an offsite licensure investigation survey.  Survey Date: 7/2/12  Facility Number: IN005330  CCN: 157155  Medicaid Number; 100264320A  Surveyor: Kelly Hemmelgarn RN  During this offsite investigation, the agency was found to be operating without a current Indiana Home Health license.  410 IAC 17-11-3 Renewal of home health licensure  Rule 11 Sec. 3 An application for renewal of license shall be filled with the department at least sixty (60) days prior, but not sooner than ninety (90) days before, the expiration date of the current license.  This RULE is not met as evidenced by: Based on document review and interview, the home health agency failed to ensure the renewal application for licensure was filed at least 60 days prior to the expiration of the Indiana home health license.  Findings include:  1. A letter from Indiana State Department of Health dated 2/29/12, stated, "Dear [administrator's name]: Our records indicate that	ROVIDER OR SUPPLIER  IN005330  ROVIDER OR SUPPLIER  IMPORTATION NUMBER: IN005330  ROVIDER OR SUPPLIER  IMPORTATION TO PERIODE STREET ADDRESS, CITY, STAY 411 W TIPTON ST SEYMOUR, IN 47274  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  Initial Co	This was an offsite licensure investigation survey.  Surveyor: Kelly Hemmelgarn RN  During this offsite investigation, the agency was found to be operating without a current indiana Home Health license.  Rule 11 Sec. 3. An application for renewal of licenses shall be filed with the department at least sixty (60) days prior, but not sooner than ninety (90) days before, the expiration of the Indiana home health license.  Findings include:  Initial Center of the expiration of the Indiana home health license.  Findings include:  1. A letter from Indiana State Department of Health diacet 2/29/12, stated, "Dear [administrator's name]: Our records indicate that	ROUNDER OR SUPPLIER  IN005330  STREET ADDRESS. CITY. STATE. ZIP CODE  411 W TIPTON ST SEYMOUR, IN 47274  SUBMANY STATEMENT OF PERCENDIAGE  GROUNDER OR LISC DIENTIFYING INFORMATION)  IN1013 WAS AN OFFICE OF THE APPROPRIATE  GROUNDER OR LISC DIENTIFYING INFORMATION)  IN1013 WAS AN OFFICE OF THE APPROPRIATE  FEGULIATORY OR LISC DIENTIFYING INFORMATION)  IN1013 WAS AN OFFICE OF THE APPROPRIATE  FEGULIATORY OR LISC DIENTIFYING INFORMATION)  IN1013 WAS AN OFFICE OF THE APPROPRIATE  FEGULIATORY OR LISC DIENTIFYING INFORMATION)  IN1013 WAS AN OFFICE OF THE APPROPRIATE  FEGULIATORY OR LISC DIENTIFYING INFORMATION)  IN1013 WAS AN OFFICE OF THE APPROPRIATE  FEGULIATORY OR LISC DIENTIFYING INFORMATION)  IN1013 WAS AN OFFICE OF THE APPROPRIATE  FEGULIATORY OR LISC DIENTIFYING INFORMATION)  IN1013 WAS AN OFFICE OF THE APPROPRIATE  FEGULIATORY OR LISC DIENTIFYING INFORMATION)  IN1013 WAS AN OFFICE OF		

Indiana State Department of Health

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 08/13/2012 FORM APPROVED

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER  IN005330			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED - 07/02/2012				
NAME OF PROVIDER OR SUPPLIER  STREET AD  411 W TIF			411 W TIPT	ADDRESS, CITY, STATE, ZIP CODE					
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
N 434	your agency's licer agency in the State Enclosed is a rener complete and submidocumentation and ensure your application advance of your far 6/30/12"  3. Indiana State Dorenewal application days prior to expirar renewal application information and was submitted.  5. The administrate p.m. regarding licer administrator indicates.	use to operate a home he e of Indiana will expire 6/3 wal application for you to	Please ives in vived a ot 60 d as	N 434					

Indiana State Department of Health